



REGISTRATION FORM

(Please Print)

HOUSEHOLD INFORMATION

Name:	Home Phone:	Cell:
If not a Senior Center Member, Please fill out below		
Address:	Town:	
State:	Zip Code:	Email Address:
Emergency Contact Name:		Phone Number:

REGISTRATION INFORMATION

PARTICIPANT	PROGRAM	PROGRAM #	DATES	DAY	TIME	FEE

TOTAL: _____

Paid by: (circle one) Cash Check Credit Card

Make checks payable to: **Town of West Hartford**

Circle one: Visa or Mastercard

Number: _____

Exp. Date: _____

Waiver: I realize that as with any activity there is a possible risk of injury to myself while participating in this activity. I agree to waive the risk of injury which I might suffer while involved in the West Hartford of Leisure Services activity and I will not hold the Town of West Hartford or its instructors liable for any injuries which I may suffer while participating in these activities.

SIGNATURE: _____ Date: _____

Staff Initials: _____